

DEPARTMENT OF GENERAL SERVICES-STATE RECORDS CENTER
RECORDS RETENTION AND DISPOSAL SCHEDULE

SCHEDULE # 2301

PAGE 1 OF 2

**DEPARTMENT OF HEALTH & MENTAL HYGIENE
OFFICE OF THE SECRETARY**

Item No.	Description of Records Series (from Inventory Form)	Authorized Retention Period & Instructions
	This schedule supersedes Schedule 1516.	
1	ADMINISTRATIVE HEARINGS CASE FILES	
a.	Active and Newly Closed Case Files-	Retain files in office at least three (3) months after closing in case of an appeal or inquiry. Prepare for storage by screening to remove duplicate/ unnecessary non-record materials. Prepare an alphabetic index of the file names to be placed in each carton.
b.	Closed Cases heard by the Secretary or Designee	Transfer to State Records Center. Retain for six (6) years from closing date, then destroy.
c.	Closed Cases heard by the OAH (Office of Administrative Hearings).	Closed cases received from the OAH will be placed in a holding area and transmittals will be prepared to transfer to the State Records Center. Retain for six (6) years from the closing date, then destroy.
2.	SUBJECT FILE An alphabetical series consisting of materials received by the Secretary's Office including reports, articles, brochures, announcements, and publications with copies of related correspondence or cover letters.	Screen periodically, removing and destroying obsolete information or items that are no longer needed.
3.	ORGANIZATION FILE Information on units of the Department including organization and staffing charts, copies of correspondence, news articles, and miscellaneous information, filed under the unit's name.	Screen periodically, removing and destroying obsolete information or items that are no longer needed. Information which has historic value or which shows the development of the unit or DHMH will be retained permanently. Transfer periodically to the State Archives.

APPROVED BY: (DHMH Official) DATE: **JAN 28 2004**

SIGNATURE: _____

NAME/TITLE: Richard Proctor, DHMH Chief of Staff

AUTHORIZED BY: (STATE ARCHIVES) DATE: **FEB 12 2004**

SIGNATURE: _____

NAME/TITLE : Edward C Papenfuse, Jr., STATE ARCHIVIST

RECORDS RETENTION AND DISPOSAL SCHEDULE**DEPARTMENT OF HEALTH & MENTAL HYGIENE
OFFICE OF THE SECRETARY**

Item No.	Description of Records Series (Program, forms, etc.)	Authorized Retention Period & Instructions
4.	SPECIAL PROJECT /TASK FORCE FILES. Ad hoc study groups, committees, commissions, task forces, or other special projects established by the Secretary to perform a specified function. File includes participating membership information, meeting agenda, notes, research information, interim and final reports, etc.	At completion of project, screen the files removing duplicate and obsolete information. Transfer project files to State Records Center to be retained for ten (10) years, then destroyed. Retain a copy of any final reports or resulting publications in office permanently. Transfer to the State Archives when no longer needed.
5.	INVITATION/ANNOUNCEMENT FILE Letters of announcement , invitations to speak or to attend conferences, meetings, seminars, program openings, and other events.	Screen and extract relevant information for schedules, appointment calendars, and staff notices. Place invitations in folders by month. Retain in office until date has passed and item is no longer needed, then destroy.

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>1</u> OF <u>5</u>	
1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board OFFICE OF THE SECRETARY		3. Division/Unit or Section	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title Administrative Hearings Case Files				5. Earliest Year/Latest Year 2003 to 2004	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Administrative Hearings may be held to settle a wide range of issues, from patient complaints to personnel grievances. Most hearings are heard by the Office of Administrative Hearings, however, some are heard by the Secretary or designee. Each case file contains the findings of the relevant hearings and appropriate support documentation. Although case numbers are assigned and are included on each label, the cases are maintained in alphabetic order of the plaintiff's last name.					
7. Record Series Format(s) List all X Paper: Film / tape: Electronic: X <input type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides <input type="checkbox"/> Kept on Hard Drive (35mm, etc) <input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ <input type="checkbox"/> Computer Tape Microfiche <input type="checkbox"/> Rolls <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Card <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence <input type="checkbox"/> x Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) _____ 10. Annual Accumulation X <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) 1 <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) _____ TOTAL 6 CU FT PER MONTH	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly X <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>6</u> <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg., Floor, Room) OAH- Hunt Valley Secretary's Office- 5 th Floor 201 W Preston St.			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No Agency/ Format _____		
15. Privacy / Access Restrictions X <input type="checkbox"/> Yes <input type="checkbox"/> No X <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input checked="" type="checkbox"/> X None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No _____ Each box and transmittal includes list of names included			18. Recommended Retention: In Office And In Storage (Each Format) Keep in office three mnths. Transmit to Records Center for six years retention then destroy		
19. Name and Title of Preparer TOM KRAVITZ E-mail address: krevitzt@dhmh.state.md.us		20. Location: 201 W Preston St 5 th Floor Telephone Number# Room # 410 767-5934 503A		21. Date January 23, 2004	

DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>2</u> OF 5	
1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board OFFICE OF THE SECRETARY		3. Division/Unit or Section	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <div style="font-size: 1.5em; font-family: cursive;">SUBJECT FILE</div>				5. Earliest Year/Latest Year <div style="font-size: 1.2em; font-family: cursive;">1990 to 2004</div>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <div style="font-size: 1.2em; font-family: cursive;">ALPHABETICAL SERIES INCLUDING REPORTS, ARTICLES, CORRESPONDENCE, (COPIES) INCLUDING MUCH NON-RECORD MATERIALS.</div>					
7. Record Series Format(s) List all Paper: <input checked="" type="checkbox"/> Letter Size Film / tape: <input type="checkbox"/> 35mm, etc Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Computer Tape Microfiche <input type="checkbox"/> Rolls <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD, DVD, etc <input type="checkbox"/> Card <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <div style="font-size: 1.5em; font-family: cursive;">10</div> Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____	
11. File is Used <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		12. File Becomes Inactive After <div style="font-size: 1.5em; font-family: cursive;">3</div> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			
13. Current Location(s) (Bldg., Floor, Room) <div style="font-size: 1.2em; font-family: cursive;">201 W Preston, 5th Fl.</div>		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/Format _____			
15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))		16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Recommended Retention: In Office And in Storage (Each Format) <div style="font-size: 1.2em; font-family: cursive;">SCREEN PERIODICALLY - DESTROY ITEMS THAT ARE NO LONGER NEEDED.</div>			
19. Name and Title of Preparer TOM KRAVITZ E-mail address: kravitzt@dhmh.state.md.us		20. Location: 201 W Preston St Fifth Floor Telephone Number# 410 767-5934 Room # 503A		21. Date January 23, 2004	

<p>DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>3</u> OF 5</p>	
<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board OFFICE OF THE SECRETARY</p>		<p>3. Division/Unit or Section</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title ORGANIZATION FILE</p>				<p>5. Earliest Year/Latest Year _____ to _____ ongoing</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p>FOLDERS CONTAINING INFORMATION ON VARIOUS UNITS OF DHMH. May include staffing info (personnel in each position), unit organization trees or charts, etc.</p>					
<p>7. Record Series Format(s) List all</p> <p>Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card _____</p> <p>Film / tape: <input type="checkbox"/> 35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____</p> <p>Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc</p>		<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) ORGANIZATION NAME</p>		<p>9. Volume</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p> <p>Number <u>1</u></p> <p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p> <p>Number _____</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After _____ Number _____ <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) reorganization</p>		
<p>13. Current Location(s) (Bldg., Floor, Room)</p> <p>201 W Preston - 5th Floor</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) & Regulation(s))</p>			<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p><input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p>			<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p>Retain permanently info that shows development of unit or Dept. Destroy other info when no longer needed</p>		
<p>19. Name and Title of Preparer TOM KRAVITZ</p> <p>E-mail address: kravitzt@dhmh.state.md.us</p>		<p>20. Location: 201 W Preston St Fifth Floor</p> <p>Telephone Number# 410 767-5934 Room # 503A</p>		<p>21. Date</p> <p>January 23, 2004</p>	

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<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board OFFICE OF THE SECRETARY</p>		<p>3. Division/Unit or Section</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title SPECIAL PROJECTS FILE</p>				<p>5. Earliest Year/Latest Year 2003 to 2004</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Study Group files, task force reports, special projects etc including support documentation, working papers, interim & final reports etc</p>					
<p>7. Record Series Format(s) List all</p> <p>Paper: <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Film / tape: <input type="checkbox"/> 35mm, etc <input type="checkbox"/> Electronic: <input type="checkbox"/> Kept on Hard Drive</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Microfiche</p> <p><input type="checkbox"/> Rolls <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Sound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc</p> <p><input type="checkbox"/> Card <input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological <input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p> <p><u>1</u> Number</p> <p>10. Annual Accumulation</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p> <p><u>1/10</u> Number</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After <u>1</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p> <p>Number</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 201 W Preston, 5th Floor</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> Proprietary <input checked="" type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) & Regulation(s))</p>			<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p><input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p>AT completion, SCREEN DESTROY WORKING PAPERS. Transfer to SRC for 10 yrs. Keep copy of final reports permanently</p>		
<p>19. Name and Title of Preparer TOM KRAVITZ</p> <p>E-mail address: kravitzt@dhmh.state.md.us</p>		<p>20. Location: 201 W Preston St Fifth Floor</p> <p>Telephone Number# 410 767-5934 Room # 503A</p>		<p>21. Date January 23, 2004</p>	

<p>DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>5</u> OF 5</p>	
<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board OFFICE OF THE SECRETARY</p>		<p>3. Division/Unit or Section</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title</p> <p><i>INVITATION/ANNOUNCEMENT FILE.</i></p>				<p>5. Earliest Year/Latest Year</p> <p>_____ to <u>2004</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p><i>ITEMS RECEIVED INVITING SECRETARY OR SE. STAFF TO MEETINGS, EVENTS, CONFERENCES, SPEAKING ENGAGEMENTS, ETC.</i></p>					
<p>7. Record Series Format(s) List all</p> <p>Paper: <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Film / tape: <input type="checkbox"/> Electronic: <input type="checkbox"/> Film/Slides <input type="checkbox"/> Kept on Hard Drive (35mm, etc)</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Computer Tape Microfiche</p> <p><input type="checkbox"/> Rolls <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc</p> <p><input checked="" type="checkbox"/> Card <input type="checkbox"/> x <input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><u>1/2</u> <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p> <p>Number</p> <p>10. Annual Accumulation</p> <p><u>1/2</u> <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p> <p>Number</p>	
<p>11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After <u>1</u> <input checked="" type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)</p> <p>Number</p>		
<p>13. Current Location(s) (Bldg., Floor, Room)</p> <p><i>201 W. Preston St. 3rd floor</i></p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/Format _____</p>		
<p>15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) & Regulation(s))</p>			<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p><input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p><i>Extract info for appt calendars, schedules, etc. File in monthly folder, Discard following month.</i></p>		
<p>19. Name and Title of Preparer TOM KRAVITZ</p> <p>E-mail address: krevitzt@dhmh.state.md.us</p>		<p>20. Location: 201 W Preston St Fifth Floor</p> <p>Telephone Number# 410 767-5934 Room # 503A</p>		<p>21. Date</p> <p>January 23, 2004</p>	